

removal by the knife or by caustics concluded the paper. Caustics the author had found more tedious in their operation and more painful than the knife, and occasionally failed to enucleate the tumour, and he has no faith in a supposed physiological action on the constitution through the part treated, by which it has been stated, without evidence to justify the statement, and, in opposition to his own experience, the disposition to return after removal is less than when the part has been extirpated by the knife. He has seen six cases in which the disease returned after removal by caustics, and has read and heard of many more. Nevertheless, there are cases in which caustics offer greater advantages than the knife. In certain localities, and in particular conditions of the tumour, and where loss of blood, or the dread of a cutting operation, would greatly depress the patient. Early operation the author strongly advised, as affording the only hope from surgery in scirrhus, colloid, and epithelioma. In encephaloid he did not advise an operation.

40. *Escharotic Treatment of Cancer.* By JAMES SYME, Prof. of Clin. Surg. in Univ. of Edinb.—The subject of cancer has been so mystified by the misrepresentations of unscrupulous adventurers, that any attempt to re-establish its treatment upon sound principles may seem a hopeless undertaking; but I nevertheless beg to offer the following observations, in the hope that they will still be of service where rapacity and credulity have not entirely superseded honesty and common sense. It is not surprising that the dread of cutting, and the bad success of operations, too frequently performed under unfavourable circumstances, should have predisposed to the ready reception of any new proposal for the remedy of a disease so formidable; and, accordingly, the employment of variously prepared caustics for this purpose has, during the last twenty or thirty years, afforded a fruitful field for quackery without and also within the profession. For, whatever may be the sentiments or laws of medical corporations, I shall always hold that the worst form of quackery is, not practising without a diploma, but using secret remedies, and pandering, by false pretences, to the capricious folly of credulous patients. It could hardly, however, have been anticipated that the medical officers of a metropolitan hospital would so far forget the dictates of professional honour as not only to harbour in their institution a secret cancer curer, but, by continuing to do so month after month, sanction the delusion that he possessed some beneficial means of treatment unknown to their brethren. Yet the surgeons of the Middlesex Hospital have exposed themselves to this serious charge. They can hardly deny the former part of it; and with regard to the latter, must either plead guilty or profess belief that the juice of *Sanguinaria Canadensis* possesses more active powers than the gilding of a pill. In their anxiety to escape from the horns of this painful dilemma, they now admit that “the vegetable ingredient is practically inert,” that the caustic is an old one, and that there is nothing new in the practice of their *protégé* except daily making incisions and stuffing the wounds with escharotic paste—a proceeding utterly opposed to the established principles of surgery, and eminently calculated to produce the most disastrous consequences, but which, instead of indignantly condemning, they commend as deserving of general adoption, and as entitling its author to public gratitude. The hollow pretensions of secrecy having been thus indorsed and published with the authority of a metropolitan hospital, it is requisite for the protection of sufferers from cancer, that the principles of its proper treatment should, as far as possible, be no less extensively diffused.

It being admitted, by universal consent, that the various forms of disease comprehended under the titles of cancer and carcinoma are not remediable except through removal of the morbid part, the only room for question that remains in regard to their treatment is limited to the choice of means for this purpose. There can be no doubt that excision, if performed under chloroform, affords not only the most speedy and effectual, but also the least painful mode of extirpating the disease, so far as its extent can be recognized by sensible characters. On the other hand, it is alleged that through the use of caustic a more lasting protection may be obtained against the danger of relapse; and if such were really the case, there could be no hesitation in preferring the latter

means. But, unfortunately, from being chiefly used empirically, they are supported by evidence of a very questionable character. For, in the first place, patients who confide their treatment to irregular practitioners, are naturally unwilling to admit that they have received no benefit or suffered damage from venturing upon this course. They are, consequently, very ready to be persuaded that good has been done, and when the expectations thus excited prove to be fallacious, no less slow to confess their disappointment. The wonderful histories of cures, therefore, so frequently put in circulation on the ground of such sanguine anticipations, are seldom counteracted by a knowledge of the issue, however disastrous it may have been. Thus, an impudent quack—the Middlesex surgeons call him a “gentleman”—industriously distributed penny puffs, red, green, and yellow, of which the most prominent feature was an affidavit sworn before the Lord Provost of Glasgow, by a man who had been an out patient at the hospital here, under my care, that he was cured by the said quack, although he was not so, and died soon afterwards of the disease. Now, this poor creature doubtless believed the assurance of that respectable person, and probably signed his declaration from the amiable motive of leading fellow-sufferers in a right direction; but having taken this unwary step, could not retrace it, when taught by sad experience that he had been miserably deceived.

Then, again, there are so many diseased conditions apt to be regarded as incurable, though not really so, that the most careful discrimination is required to prevent their successful treatment from being erroneously assumed as ground for belief in the curability of cancer. But the empirical practitioner is neither able nor willing to make such distinctions, and so far from endeavouring to dismiss the unfounded apprehensions of a patient, will always be anxious to cherish and increase them, in order to enhance the value of his pretended services. Thus, if a tumour of the breast, supposed to be carcinomatous, should be a serous cyst, requiring merely evacuation and irritation of the surface, or a fibrous growth removable without further disturbance of the gland, or a chronic abscess, or even nothing more than that simple engorgement and painful state so common in females whose health is out of order, the quack will not vary his practice, or scruple to make the unfortunate patient pass through all the horrors of a prolonged escharotic treatment. Indeed, I once saw a poor woman who had both of her breasts destroyed by caustic, although there was distinct evidence that neither of them had been at all diseased.

In regard to the comparative time, and danger of cutting and caustic, there can be no doubt that, so far as the first of these points is concerned, the former mode of relief is greatly preferable; while, as to the last one, there does not seem to be much difference between the two. Unless, therefore, it can be shown that the escharotic treatment is more complete and permanent in its effect than excision, it will be difficult to discover any good reason for abandoning the knife, or complicating it with the addition of caustic. The surgeons of the Middlesex Hospital have published an account of the cases treated under their inspection, which, although evidently drawn up with the desire of presenting a favourable view, may, of course, be regarded as an authentic statement, and not as the mere trumpeting of quackery. They here relate, that the process employed by their American coadjutor was to destroy the skin by nitric acid, then to make numerous incisions, and introduce chloride of zinc paste into the wounds, which were repeated daily for from two to seven weeks, until the object appeared to be accomplished. They have not concealed the severe and protracted suffering endured by the patients subjected to this painful and tedious procedure, nor have they shrunk from confessing its dismal results. Forty-two cases of cancer or scirrhus breast are recorded. Of these, five were considered unfit for treatment and declined; three left the hospital without any apparent local disease; and thirty-four still suffered from it, in the form of enlarged glands, tubercles of the skin, or open sores. Anything more shocking than this it is impossible to imagine; and I sincerely hope that the conclusive testimony thus published, in a form, externally at least, well suited if not intended for the table of a drawing-room, may tend to counteract the present rage for escharotic treatment.

It has long been a settled principle in surgical practice, that malignant tu-

mours or sores should be either allowed to remain free from disturbance or completely removed, since tampering with them by irritating applications is the most certain means of exciting disease in the lymphatic glands or other textures. But the procedure advocated by the Middlesex surgeons was the most extreme degree of deviation from this rule, since it kept the local disease, together with the patient's system, in a perpetual fret for many weeks; so that no one need be surprised at the effects, which, indeed, these gentlemen thus admit: "Nothing could be more disastrous than this case; and there is no reasonable doubt that the tumultuous increase of the disease was directly owing to the local treatment." If caustic is ever used for destroying malignant textures, it should, therefore, be of such power and so employed as to strike at once to the root of the evil, and I am able to suggest efficient means for this purpose.

Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action: A solution of gutta percha in chloroform is applied to the skin for some distance round the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall inclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the mixture assumes a homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough separates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients, from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account, should seem to render this method eligible, the procedure just described may be found useful.

In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer.

1. The treatment of cancer may be divided into curative and palliative.
2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.
3. Removal may be accomplished by means of the knife, escharotics, and ligatures.
4. Of these means, in general the knife is best, and ligatures the worst.
5. Escharotics may be used with most advantage when the disease is superficial.
6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.
7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.
8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.
9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied.—*Edinburgh Med. Journ.*, Nov. 1857.

41. *Epithelial Cancer*.—Mr. HENRY THOMPSON exhibited to the Medical Society of London (October 24th) a woman, aged 70, who was first seen by him in July last, with an epithelial growth, the size of a large walnut, close to the right eye. It was too close to remove entirely with the knife. He therefore